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STATEMENT OF

RECEIVED 7

FORM 1	ORGANIZATION				FEC MADHICO POPE PRIVER			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M		VILK	
KANSAS S	ENATO	RIAL CAUC	JS,	<u> </u>		 		
ADDRESS (number an	d street)	O. BOX 839	94					
(Check if ad is changed)	dress D	ELRAY BEA	СН		FL	33482	<u></u>	
		(CITY		STATE	ZII	CODE	
COMMITTEE'S E-MA (Check if a is changed	address	lease provide only one e- InitedStatesS			ses@y	ahoo.c	om, , , ,	
COMMITTEE'S WEB	PAGE ADDRES	S (URL)						
(Check if a is changed								
2. DATE 10	" ′ 2̂9 " ′	2012 ′						
3. FEC IDENTIFIC	ATION NUMBE	R C						
4. IS THIS STATEM	IENT 🗵	NEW (N) OR		AMENDED (A)				
I certify that I have e	xamined this St	atement and to the best	of my	knowledge and belief it	is true, correc	ct and comple	ete.	
Type or Print Name of	f Treasurer	RICHARD KE	EVII	NSTON				
Signature of Treasure	, ghu				Date Ï()" [′] 29°	Ź012 ·	
NOTE: Submission of 1		or instimplete information i	•			•	s of 2 U.S.C. §437g	
Office Use Only				For further information co Federal Election Commission Toll Free 800-424-9530			FORM 1 ed 02/2009)	